

EXHIBIT 35

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS**

COMMONWEALTH OF
MASSACHUSETTS, et al.

Plaintiffs,

v.

NATIONAL INSTITUTES OF HEALTH;
MATTHEW MEMOLI, M.D., M.S., in his
official capacity as Acting Director of the
National Institutes of Health; U.S.
DEPARTMENT OF HEALTH AND
HUMAN SERVICES; and DOROTHY
FINK, M.D., in her official capacity as
Acting Secretary of the U.S. Department of
Health and Human Services,

Defendants.

Civil Action No. _____

Declaration of Todd Conklin

I, Todd Conklin, hereby declare:

1. I am the Executive Vice President and Chief Financial Officer of Care New England Health System (“CNE”), a position I have held since 2023. As Executive Vice President and Chief Financial Officer, I have oversight of CNE’s Department of Sponsored Programs & Research Administration. Prior to holding this position, I was Executive Vice President and Chief Operating Officer of Lifespan Corporation.
2. As the Executive Vice President and Chief Financial Officer, I have personal knowledge of the matters set forth below, or have knowledge of the matters based on my review of information and records gathered by my staff.
3. I am providing this declaration to explain certain impacts of National Institutes of Health (“NIH”) Notice Number NOT-OD-25-068, *Supplemental Guidance to the 2024 NIH Grants*

Policy Statement: Indirect Cost Rates, which purports to immediately reduce indirect cost payments to 15%.

4. CNE is a non-profit healthcare system comprising several hospitals and other healthcare entities in Rhode Island (the “State”), including Butler Hospital (“Butler”), the State’s premier teaching, treatment, and research hospital for psychiatric and neurologic disorders; Women & Infants Hospital of Rhode Island (“Women & Infants”), one of the nation’s leading specialty hospitals for women and newborns; Kent County Memorial Hospital (“Kent Hospital”), an acute care hospital and the second largest hospital in the State; and The Providence Center, Inc. (“TPC”), the State’s largest community-based behavioral healthcare organization. Researchers at CNE are transforming the future of healthcare with innovative, cutting-edge treatments focused on improving the health of individuals and the community, including in areas such as pregnancy and women’s health; newborn and children’s health; behavioral health, including memory and aging and recovery for substance use disorders; and conditions such as diabetes and cardiovascular disease.
5. The foregoing research is supported by funds from the NIH.
6. Butler Hospital has a Negotiated Indirect Cost Rate Agreement (“NICRA”) with NIH, effective as of October 1, 2024. The Indirect Cost (“IDC”) Rate in Butler’s NICRA is 49.10% for on-site research.
7. Women & Infants has a NICRA with NIH, effective as of October 1, 2024. The IDC Rate in Women & Infants’ NICRA is 75.00% for on-site research.
8. Kent Hospital has a NICRA with NIH, effective as of October 1, 2023. The IDC Rate in Kent Hospital’s NICRA is 50.00% for on-site research.

9. TPC has a NICRA with NIH, effective as of October 1, 2023. The IDC Rate in TPC's NICRA is 20.80% for on-site programs.
10. CNE's total blended IDC rate for NIH funding is 48.73%.
11. CNE has pending NIH grant applications with budgets totaling approximately \$125 Million. It is estimated that NIH's reduction of CNE's IDC rates will eliminate approximately \$25 Million of this funding. This estimate assumes all such pending grant applications are awarded as submitted, except that instead of the applicable negotiated IDC Rate being applied, the new 15% rate applies.
12. CNE is a sub-awardee on active NIH grants in which an institution of higher education is the prime awardee. CNE's total budget on these NIH grants amounts to approximately \$18.7 Million. It is estimated that NIH's reduction of CNE's IDC rates will eliminate approximately \$1.6 Million of this funding. This estimate assumes that the projects related to these grants continue through the estimated end date, that indirect costs are incurred at the same rate as they have been incurred through January 31, 2025, and that instead of the applicable negotiated IDC Rate being applied, the new 15% rate applies.
13. The loss of these funds will impact CNE's ability to draw critical funds used to pay expenses associated with infrastructure, such as facilities, and with the individuals who provide regulatory and administrative support, which are crucial to allow research to be performed.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed this 9th day of February, 2025, in Providence, Rhode Island.



Todd Conklin

Executive Vice President & Chief Financial Officer
Care New England Health System